

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Maine Republican Party

ADDRESS (number and street)

9 higgins st

☐Check if different
than previously
reported. (ACC)

Augusta

ME

04330

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00003111

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☒July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2009

through

06

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Philip Roy

Signature of Treasurer

Electronically Filed by Mr. Philip Roy

Date

11

22

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

A. Form/Schedule : **F3XN**
Transaction ID :

We have been having problems with Aristotoles for sending files

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 52

Write or Type Committee Name
Maine Republican Party

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2009	48873.97
(b) Cash on Hand at Beginning of Reporting Period	161101.08	
(c) Total Receipts (from Line 19)	62458.00	137655.15
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	223559.08	186529.12
7. Total Disbursements (from Line 31)	48246.37	97960.67
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	175312.71	88568.45
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	13316.11	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Maine Republican Party

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	23360.00	64041.00
(ii) Unitemized	39078.00	60389.62
(iii) TOTAL (add Lines 11(a)(i) and (ii)	62438.00	124430.62
(b) Political Party Committees	20.00	10020.00
(c) Other Political Committees (such as PACs)	0.00	3204.53
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	62458.00	137655.15
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	62458.00	137655.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	62458.00	137655.15

DETAILED SUMMARY PAGE

of Disbursements

5 / 52

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	45438.50	94468.76	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	45438.50	94468.76	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	2807.87	3491.91	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	2807.87	3491.91	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	48246.37	97960.67	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	48246.37	97960.67	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 52

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	62458.00	137655.15
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	62458.00	137655.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	45438.50	94468.76
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	45438.50	94468.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Maine Republican Party

A.

Full Name (Last, First, Middle Initial)

Mr. William Chapman

Mailing Address 77 Pascal Ave

City

Rockport

State

ME

Zip Code

04856-5915

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: AC2C89D15052F409CBD2

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mr. William Chapman

Mailing Address 77 Pascal Ave

City

Rockport

State

ME

Zip Code

04856-5915

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: AC6E4AC76257A4272A8E

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Mr. Lance Harvell

Mailing Address 398 Knowlton Corner Rd

City

Farmington

State

ME

Zip Code

04938-6213

FEC ID number of contributing
federal political committee.

C

Name of Employer
International Paper

Occupation
Production

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: A66019E17E38D4AA8811

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

A.

Full Name (Last, First, Middle Initial)

Mr. George Hall

Mailing Address 1 John Deere Rd

City

Windham

State

ME

Zip Code

04062-4836

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hall Implement Co

Occupation

Farm Equipment Dealer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: AABDD80600DB14F14B96

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Robert Nutting

Mailing Address PO Box 100

City

Oakland

State

ME

Zip Code

04963-0100

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Of Maine

Occupation

Rep.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: A9DB41DF0306E413FA16

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Mr. George Hall

Mailing Address 1 John Deere Rd

City

Windham

State

ME

Zip Code

04062-4836

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hall Implement Co

Occupation

Farm Equipment Dealer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: AEBF33250F5B14370ACD

Amount of Each Receipt this Period

110.00

SUBTOTAL of Receipts This Page (optional)

410.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

A.

Full Name (Last, First, Middle Initial)

Mr. Mark Ellis

Mailing Address 49 State St

City

Augusta

State

ME

Zip Code

04330-4537

FEC ID number of contributing
federal political committee.

C

Name of Employer
Douglas Dynamics

Occupation

Information Systems Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: AC08F2C14897F40ED887

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Jason Levesque

Mailing Address 264 Beech Hill Rd

City

Auburn

State

ME

Zip Code

04210-8827

FEC ID number of contributing
federal political committee.

C

Name of Employer
Argo Marketing

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: A4574A63EF3BF4CAEAB6

Amount of Each Receipt this Period

100.00

paying for Matthew Boucher

C.

Full Name (Last, First, Middle Initial)

Mr. Robert Preti

Mailing Address 16 Sea View Ave

City

Cape Elizabeth

State

ME

Zip Code

04107-1024

FEC ID number of contributing
federal political committee.

C

Name of Employer
City Of Portland

Occupation

Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: A6B1631B99CD54DFE9FE

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

A.

Full Name (Last, First, Middle Initial)

Mr. Richard Bjorn

Mailing Address PO Box 311

City

Farmington

State

ME

Zip Code

04938-0311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kyes InsuranceOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: AB33A133B549C496BB91

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Ralph Dunbar

Mailing Address 19 Hilcrest Dr

City

Brewer

State

ME

Zip Code

04412-1207

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: AA083DC93B3124FD79FE

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Roger Kay

Mailing Address 32 Main St

City

Livermore Falls

State

ME

Zip Code

04254-1244

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: A5DA83EE28088480D932

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 52

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Maine Republican Party

A.

Full Name (Last, First, Middle Initial)

Mr. Leslie Otten

Mailing Address PO Box 547

City

Bethel

State

ME

Zip Code

04217-0547

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Ski CompanyOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	0	9

Transaction ID: A8B369954E5174A02B14

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Chandler Woodcock

Mailing Address 75 Middle St

City

Farmington

State

ME

Zip Code

04938-1559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mt. Blue High SchoolOccupation
Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	9

Transaction ID: A975892DD45D44C65B85

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

SCPO Jonathan T. Courtney

Mailing Address 31 Birchwood Ln

City

Springvale

State

ME

Zip Code

04083-1904

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Of MaineOccupation
Senator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	9

Transaction ID: A34A4B249B8974178B27

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

A.

Full Name (Last, First, Middle Initial)

Mr. Jarrod Crockett

Mailing Address 439 East Bethel Rd

City

Bethel

State

ME

Zip Code

04217-5118

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Of Maine

Occupation

State Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 9

Transaction ID: A2C7E932BEB604622A84

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Kathleen Chase

Mailing Address 142 Branch Rd

City

Wells

State

ME

Zip Code

04090-6019

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Of Maine

Occupation

Legislator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 9

Transaction ID: A060AC291CF634FD58BA

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Ms. Jan Staples

Mailing Address 27 Trundy Rd

City

Cape Elizabeth

State

ME

Zip Code

04107-2814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 9

Transaction ID: A8BC0EBF0F8934D5A86C

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

A.

Full Name (Last, First, Middle Initial)

Mr. Phil Shea

Mailing Address 42 School St

City

Ellsworth

State

ME

Zip Code

04605-1909

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 9

Transaction ID: A3738AB53F53C4119AE2

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Robert Tod

Mailing Address 5 Ebb Tide Dr

City

Cumberland Foresid

State

ME

Zip Code

04110-1104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 9

Transaction ID: A9491EE9A56314AA7AF6

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Roland Sutton

Mailing Address PO Box 728

City

Norway

State

ME

Zip Code

04268-0728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maine Machine Company

Occupation
CEO, President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 9

Transaction ID: A768B3AD7998144B9A99

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

A.

Full Name (Last, First, Middle Initial)

Jason Levesque

Mailing Address 264 Beech Hill Rd

City

Auburn

State

ME

Zip Code

04210-8827

FEC ID number of contributing
federal political committee.

C

Name of Employer
Argo Marketing

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 9

Transaction ID: AABD881D0236547ABBE5

Amount of Each Receipt this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Richard Bennett

Mailing Address 75 Bennett Ln

City

Oxford

State

ME

Zip Code

04270-3154

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Corporate Library

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 9

Transaction ID: AF6253816A2F54C44B4C

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Phyllis Cacoulidis

Mailing Address 25 S. Service Rd Suite 300

City

Jericho

State

NY

Zip Code

11753-1018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grand Metro Builders Of
New York Corp.

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 9

Transaction ID: A0C1C8AC755CB4F19B3E

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

A.

Full Name (Last, First, Middle Initial)

Mr. Joseph Kenneally

Mailing Address 16 Rivers Edge Dr

City

Kennebunk

State

ME

Zip Code

04043-7741

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 1 / 2 0 0 9

Transaction ID: A0F9D4006EE5848EAB85

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Gordon Russell

Mailing Address P o Box 229

City

Biddeford Pool

State

ME

Zip Code

04006-0229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 1 / 2 0 0 9

Transaction ID: A4A14987ABF474D8EA5C

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Mr. Roger Katz

Mailing Address 3 Westview St

City

Augusta

State

ME

Zip Code

04330-4013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lipman, Katz & McKee

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 1 / 2 0 0 9

Transaction ID: AD4494A326CD04201AD4

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

A.

Full Name (Last, First, Middle Initial)

Mr. Charles Stickney

Mailing Address 60 Gilman Rd

City

Yarmouth

State

ME

Zip Code

04096-6166

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: A2EC7503A76034A36817

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Peter Johnson

Mailing Address P o Box 697
24 Loon Landing

City

Greenville

State

ME

Zip Code

04441-0697

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: AF625D3E8357D41F8904

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Josephine Detmer

Mailing Address 14 Spruce Ln

City

Cumberland Foresid

State

ME

Zip Code

04110-1415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Waynelete School

Occupation
Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A504248C49C974225961

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

A.

Full Name (Last, First, Middle Initial)

Ms. Kathy Watson

Mailing Address 9 Maple Terrace

City

Pittsfield

State

ME

Zip Code

04967-1308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kathy Watson Company

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 2 / 2 0 0 9

Transaction ID: AEECED43554E42F2ABA

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas Newman

Mailing Address 195 Longfellow St

City

Portland

State

ME

Zip Code

04103-3011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baker Newman & Noyes

Occupation
Cpa

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: A0729E0D35B7A42CE9DD

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

William Boeshenstein

Mailing Address 2 Manor Way

City

Cape Elizabeth

State

ME

Zip Code

04107-1628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dynoil Energy, Inc.

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: AF9FB22794AEB4FEFB31

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

A.

Full Name (Last, First, Middle Initial)

Bruce Poliquin

Mailing Address 186 Ledgemere Rd

City

Georgetown

State

ME

Zip Code

04548-3741

FEC ID number of contributing
federal political committee.

C

Name of Employer
financial services

Occupation
financial

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: A76CA07927F744A1BAC0

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Bruce Poliquin

Mailing Address 186 Ledgemere Rd

City

Georgetown

State

ME

Zip Code

04548-3741

FEC ID number of contributing
federal political committee.

C

Name of Employer
financial services

Occupation
financial

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: A7739D03F5C614D35B70

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Christopher Pierce

Mailing Address 67 Portland St

City

Yarmouth

State

ME

Zip Code

04096-6763

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: A5DC26AF344E4486E89C

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

A.

Full Name (Last, First, Middle Initial)

Margaret Griswold

Mailing Address 313 Chandlers Wharf

City

Portland

State

ME

Zip Code

04101-4652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: A3F0531BB0D2E493BAA2

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Ms. Thelma Hayward

Mailing Address 24 Martin Ln Apt 105

City

Belfast

State

ME

Zip Code

04915-5901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 9

Transaction ID: AAC0CE7FEED3142DB8DE

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Mr. Philip Roy

Mailing Address 4 Valley Farms Rd

City

Fairfield

State

ME

Zip Code

04937-1168

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaplan Home Improvement

Occupation
Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 9

Transaction ID: A793EA53BDF904216955

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)

2375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maine Republican Party

A.

Full Name (Last, First, Middle Initial)

Charles Whittier, II

Mailing Address 333 Foreside Rd

City

Falmouth

State

ME

Zip Code

04105-1431

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: A24D6D6FD3A8841A5BD2

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mr. James Bitner

Mailing Address PO Box 610

City

Rockport

State

ME

Zip Code

04856-0610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: A9FEBA8A86E7745AF8C7

Amount of Each Receipt this Period

225.00

904A

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

23360.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 52

(check only one)

<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	---	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Maine Republican Party

A.

Full Name (Last, First, Middle Initial)

Ruth Blake

Mailing Address 25 Hubbard Ave.

City

Limington

State

ME

Zip Code

04049

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 0 9

Transaction ID: ABD46CEACDEC3478DA4B

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

20.00

TOTAL This Period (last page this line number only)

20.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 52

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) Riverside Disposal	Transaction ID: B8F94168717DF492A9AE Date of Disbursement																				
Mailing Address PO Box 2335	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	8		2	0	0	9												
City Augusta State ME Zip Code 04338-2335 Purpose of Disbursement off; ulities - trash removal Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>70.00</td> </tr> </table>	70.00																			
70.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Michelle Dale	Transaction ID: B3FAC3F82BE9C4C7EB56 Date of Disbursement																				
Mailing Address 409 Churchill Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	3		2	0	0	9												
City Augusta State ME Zip Code 04330-8213 Purpose of Disbursement payroll Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>686.72</td> </tr> </table>	686.72																			
686.72																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Fairpoint Communications	Transaction ID: B00E5822FD37E456989C Date of Disbursement																				
Mailing Address P. O. Box 1939	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	5		2	0	0	9												
City Portland State ME Zip Code 04104-5010 Purpose of Disbursement oth; utilities-phone Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>302.48</td> </tr> </table>	302.48																			
302.48																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1059.20

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 52

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) Augusta Post Office	Transaction ID: B6F7200C4E7C94CBC9E6 Date of Disbursement																				
Mailing Address 40 Western Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	5		2	0	0	9												
City Augusta State ME Zip Code 04330-6325	Amount of Each Disbursement this Period																				
Purpose of Disbursement pos; business reply Candidate Name	<table border="1"> <tr> <td>300.00</td> </tr> </table>	300.00																			
300.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
B. Full Name (Last, First, Middle Initial) Michelle Dale	Transaction ID: BCE86107077624048B7A Date of Disbursement																				
Mailing Address 409 Churchill Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	6		2	0	0	9												
City Augusta State ME Zip Code 04330-8213	Amount of Each Disbursement this Period																				
Purpose of Disbursement payroll Candidate Name	<table border="1"> <tr> <td>686.73</td> </tr> </table>	686.73																			
686.73																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
C. Full Name (Last, First, Middle Initial) Gaylord National Hotel	Transaction ID: B4E5DA5BBC8CF4BB5890 Date of Disbursement																				
Mailing Address 201 Waterfront Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	0		2	0	0	9												
City Oxon Hill State MD Zip Code 20745	Amount of Each Disbursement this Period																				
Purpose of Disbursement trv; christie's hotel for RNC meeti Candidate Name	<table border="1"> <tr> <td>242.44</td> </tr> </table>	242.44																			
242.44																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)

1229.17

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 / 52

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A.

Full Name (Last, First, Middle Initial)
Priceline.com

Mailing Address 800 Connecticut Ave.

City Norwalk State CT Zip Code 06850

Purpose of Disbursement
trv; christie's flight for RNC meet
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B274A9A57FA2645F196B
Date of Disbursement

04 / 20 / 2009

Amount of Each Disbursement this Period

252.39

B.

Full Name (Last, First, Middle Initial)
Orbitz For Business

Mailing Address 500 W. Madison Street
8th Floor

City Chicago State IL Zip Code 60661

Purpose of Disbursement
trv; charlie's flight to RNC meetin
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: BA997FF3ACDE54022953
Date of Disbursement

04 / 20 / 2009

Amount of Each Disbursement this Period

259.39

C.

Full Name (Last, First, Middle Initial)
Augusta Fuel Company

Mailing Address PO Box 2226

City Augusta State ME Zip Code 04338-2226

Purpose of Disbursement
off; utilities-heating fuel
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: BBB51DC7CB53241F0A69
Date of Disbursement

04 / 21 / 2009

Amount of Each Disbursement this Period

398.07

SUBTOTAL of Disbursements This Page (optional)

909.85

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 / 52

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) Central Maine Power	Transaction ID: BD0AA287BE5574E6DB6A Date of Disbursement																				
Mailing Address 83 Edison Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	1		2	0	0	9												
City Augusta State ME Zip Code 04332-1084	Amount of Each Disbursement this Period																				
Purpose of Disbursement oth; utilities-electricity Candidate Name	<table border="1"> <tr> <td colspan="10">100.28</td> </tr> </table>	100.28																			
100.28																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) One Beacon Insurance	Transaction ID: BC0FB00DAA2A546E78BC Date of Disbursement																				
Mailing Address P. O. Box 4200	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	1		2	0	0	9												
City Woburn State MA Zip Code 01888-4002	Amount of Each Disbursement this Period																				
Purpose of Disbursement oth; liability insurance Candidate Name	<table border="1"> <tr> <td colspan="10">750.00</td> </tr> </table>	750.00																			
750.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) . Staples	Transaction ID: B4D609F6C95474E7E954 Date of Disbursement																				
Mailing Address PO Box 689020	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	1		2	0	0	9												
City Des Moines State IA Zip Code 50368-9020	Amount of Each Disbursement this Period																				
Purpose of Disbursement off; office supplies Candidate Name	<table border="1"> <tr> <td colspan="10">209.13</td> </tr> </table>	209.13																			
209.13																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1059.41

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 / 52

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) Gop Mail & Print	Transaction ID: BC3B6BA78CA2B411FA44 Date of Disbursement																				
Mailing Address 95 Eddy Rd Ste 101 Suite 101	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	2		2	0	0	9												
City Manchester State NH Zip Code 03102-3258	Amount of Each Disbursement this Period																				
Purpose of Disbursement oth; business cards for Christie Mc Candidate Name	<table border="1"> <tr> <td colspan="10">104.00</td> </tr> </table>	104.00																			
104.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Michelle Dale	Transaction ID: B4540A1B108964967B38 Date of Disbursement																				
Mailing Address 409 Churchill Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	0	9												
City Augusta State ME Zip Code 04330-8213	Amount of Each Disbursement this Period																				
Purpose of Disbursement payroll Candidate Name	<table border="1"> <tr> <td colspan="10">686.73</td> </tr> </table>	686.73																			
686.73																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Gaylord National Hotel	Transaction ID: BF370592119A44B86A79 Date of Disbursement																				
Mailing Address 201 Waterfront Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	1		2	0	0	9												
City Oxon Hill State MD Zip Code 20745	Amount of Each Disbursement this Period																				
Purpose of Disbursement trv; charlie's hotel expense, rnc m Candidate Name	<table border="1"> <tr> <td colspan="10">514.88</td> </tr> </table>	514.88																			
514.88																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1305.61

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 / 52

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) Riverside Disposal	Transaction ID: B4FDA16178C284226A41 Date of Disbursement
Mailing Address PO Box 2335	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 6 / 2 0 0 9</div> </div>
City Augusta State ME Zip Code 04338-2335 Purpose of Disbursement off; utilities-trash removal Candidate Name	Amount of Each Disbursement this Period <div>70.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Ms. Jan Staples	Transaction ID: BF53D0B5CBC694ADDB6C Date of Disbursement
Mailing Address 27 Trundy Rd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 6 / 2 0 0 9</div> </div>
City Cape Elizabeth State ME Zip Code 04107-2814 Purpose of Disbursement trv; rnc meeting Candidate Name	Amount of Each Disbursement this Period <div>407.04</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Augusta Post Office	Transaction ID: BEA1F0CA6F6BC49F9856 Date of Disbursement
Mailing Address 40 Western Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 2 / 2 0 0 9</div> </div>
City Augusta State ME Zip Code 04330-6325 Purpose of Disbursement pos; post box rent Candidate Name	Amount of Each Disbursement this Period <div>190.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

667.04

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 / 52

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) Asmainegoes	Transaction ID: B3B5E7C456A2440D3A17 Date of Disbursement																				
Mailing Address 51 Moosehead Trail	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	2		2	0	0	9												
City Dixmont State ME Zip Code 04932	Amount of Each Disbursement this Period																				
Purpose of Disbursement oth; advertising Candidate Name	<table border="1"> <tr> <td colspan="10">840.00</td> </tr> </table>	840.00																			
840.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Mrs. Christie McNally	Transaction ID: BD58E4B8C1DFE4178ADC Date of Disbursement																				
Mailing Address 9 Thomas Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	5		2	0	0	9												
City Scarborough State ME Zip Code 04074-8614	Amount of Each Disbursement this Period																				
Purpose of Disbursement payroll Candidate Name	<table border="1"> <tr> <td colspan="10">1184.22</td> </tr> </table>	1184.22																			
1184.22																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Michelle Dale	Transaction ID: B90F9A757EF104264865 Date of Disbursement																				
Mailing Address 409 Churchill Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	5		2	0	0	9												
City Augusta State ME Zip Code 04330-8213	Amount of Each Disbursement this Period																				
Purpose of Disbursement payroll Candidate Name	<table border="1"> <tr> <td colspan="10">686.71</td> </tr> </table>	686.71																			
686.71																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2710.93

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 52

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) Mrs. Christie McNally	Transaction ID: B2AC1DCBFB27C40F3A0E Date of Disbursement																				
Mailing Address 9 Thomas Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	0		2	0	0	9												
City Scarborough State ME Zip Code 04074-8614	Amount of Each Disbursement this Period																				
Purpose of Disbursement trv; rnc meeting Candidate Name	<table border="1"> <tr> <td colspan="10">109.00</td> </tr> </table>	109.00																			
109.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Mrs. Christie McNally	Transaction ID: B111908445DB84EF49F4 Date of Disbursement																				
Mailing Address 9 Thomas Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	0		2	0	0	9												
City Scarborough State ME Zip Code 04074-8614	Amount of Each Disbursement this Period																				
Purpose of Disbursement oth; reimbursement, staples, rnc po Candidate Name	<table border="1"> <tr> <td colspan="10">35.61</td> </tr> </table>	35.61																			
35.61																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) . Staples	Transaction ID: B7DDD8C2B496D485E914 Date of Disbursement																				
Mailing Address PO Box 689020	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	0		2	0	0	9												
City Des Moines State IA Zip Code 50368-9020	Amount of Each Disbursement this Period																				
Purpose of Disbursement off; office supplies Candidate Name	<table border="1"> <tr> <td colspan="10">206.36</td> </tr> </table>	206.36																			
206.36																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

350.97

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 / 52

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) Central Maine Power Mailing Address 83 Edison Drive	Transaction ID: B343337292C30443F976 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 0 / 2 0 0 9</div> </div>
City Augusta State ME Zip Code 04332-1084 Purpose of Disbursement oth; utilities-electricity Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>83.89</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) Mrs. Christie McNally Mailing Address 9 Thomas Dr City Scarborough State ME Zip Code 04074-8614 Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B1E9E0DABA2434288805 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1184.21</div> <div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) Michelle Dale Mailing Address 409 Churchill Rd City Augusta State ME Zip Code 04330-8213 Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BDBF561EA8AD04088A53 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>686.73</div> <div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional) ►

1954.83

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 / 52

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) Augusta Post Office	Transaction ID: BEC298748E26540299E7 Date of Disbursement
Mailing Address 40 Western Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 3 / 2 0 0 9</div> </div>
City Augusta State ME Zip Code 04330-6325	Amount of Each Disbursement this Period
Purpose of Disbursement oth; business reply mail Candidate Name	<div>200.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Riverside Disposal	Transaction ID: B2DA7970CBF814060BA9 Date of Disbursement
Mailing Address PO Box 2335	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 3 / 2 0 0 9</div> </div>
City Augusta State ME Zip Code 04338-2335	Amount of Each Disbursement this Period
Purpose of Disbursement off; utilities-trash removal Candidate Name	<div>70.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Augusta Post Office	Transaction ID: BDE62D9B476F04A93A47 Date of Disbursement
Mailing Address 40 Western Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 4 / 2 0 0 9</div> </div>
City Augusta State ME Zip Code 04330-6325	Amount of Each Disbursement this Period
Purpose of Disbursement oth; money order, voter list sos Candidate Name	<div>1000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1270.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 / 52

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) Augusta Post Office	Transaction ID: B317099A258A84B75986 Date of Disbursement																				
Mailing Address 40 Western Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	4		2	0	0	9												
City Augusta State ME Zip Code 04330-6325	Amount of Each Disbursement this Period																				
Purpose of Disbursement pos; overnight mailing Candidate Name	<table border="1"> <tr> <td>17.50</td> </tr> </table>	17.50																			
17.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Augusta Post Office	Transaction ID: B7B5BB487F4EA4742AFB Date of Disbursement																				
Mailing Address 40 Western Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	4		2	0	0	9												
City Augusta State ME Zip Code 04330-6325	Amount of Each Disbursement this Period																				
Purpose of Disbursement oth; money order, voter list sos Candidate Name	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Mrs. Christie McNally	Transaction ID: B6E85CCF5C70D4A6E8CF Date of Disbursement																				
Mailing Address 9 Thomas Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	8		2	0	0	9												
City Scarborough State ME Zip Code 04074-8614	Amount of Each Disbursement this Period																				
Purpose of Disbursement oth; reimbursement Candidate Name	<table border="1"> <tr> <td>875.00</td> </tr> </table>	875.00																			
875.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td>1892.50</td> </tr> </table>	1892.50																			
1892.50																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td></td> </tr> </table>																				

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 / 52

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) Augusta Fuel Company Mailing Address PO Box 2226	Transaction ID: BFC925FE018A044D197A Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 9 / 2 0 0 9</div> </div>
City Augusta State ME Zip Code 04338-2226 Purpose of Disbursement oth; utilities, heating oil Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1959.20</div>
B. Full Name (Last, First, Middle Initial) Great Works Internet Mailing Address 8 Pomerleau St City Biddeford State ME Zip Code 04005-9403 Purpose of Disbursement oth; internet Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B50C61F7EDEC6488A865 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>49.95</div>
C. Full Name (Last, First, Middle Initial) Mrs. Christie McNally Mailing Address 9 Thomas Dr City Scarborough State ME Zip Code 04074-8614 Purpose of Disbursement payroll expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B7A256A7B9F424C45AD9 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1184.22</div>

SUBTOTAL of Disbursements This Page (optional) ►

3193.37

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 / 52

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) Ms. Cynthia Izon	Transaction ID: BD691E23059AE49D0908 Date of Disbursement																				
Mailing Address PO Box 5	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	2		2	0	0	9												
City Harmony State ME Zip Code 04942-0005	Amount of Each Disbursement this Period																				
Purpose of Disbursement payroll	<table border="1"> <tr> <td colspan="10">747.47</td> </tr> </table>	747.47																			
747.47																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Ms. Jan Staples	Transaction ID: B573A4C2D3109488A9A4 Date of Disbursement																				
Mailing Address 27 Trundy Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	2		2	0	0	9												
City Cape Elizabeth State ME Zip Code 04107-2814	Amount of Each Disbursement this Period																				
Purpose of Disbursement oth; travel	<table border="1"> <tr> <td colspan="10">1177.38</td> </tr> </table>	1177.38																			
1177.38																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Michelle Dale	Transaction ID: B13358E765B764971BCC Date of Disbursement																				
Mailing Address 409 Churchill Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	2		2	0	0	9												
City Augusta State ME Zip Code 04330-8213	Amount of Each Disbursement this Period																				
Purpose of Disbursement payroll	<table border="1"> <tr> <td colspan="10">686.73</td> </tr> </table>	686.73																			
686.73																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2611.58

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 / 52

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) Joe Prevost	Transaction ID: BCB25DBD887F54536979 Date of Disbursement																				
Mailing Address 375 East Bridge Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	2		2	0	0	9												
City Westbrook State ME Zip Code 04092-4534	Amount of Each Disbursement this Period																				
Purpose of Disbursement payroll Candidate Name	<table border="1"> <tr> <td colspan="10">747.47</td> </tr> </table>	747.47																			
747.47																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Joe Prevost	Transaction ID: B7D32D4F1E4604D019BE Date of Disbursement																				
Mailing Address 375 East Bridge Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	6		2	0	0	9												
City Westbrook State ME Zip Code 04092-4534	Amount of Each Disbursement this Period																				
Purpose of Disbursement oth; reimbursement Candidate Name	<table border="1"> <tr> <td colspan="10">135.30</td> </tr> </table>	135.30																			
135.30																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) City Of Augusta	Transaction ID: BF34D8FCF71AE414E975 Date of Disbursement																				
Mailing Address 16 Cony St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	6		2	0	0	9												
City Augusta State ME Zip Code 04330-5200	Amount of Each Disbursement this Period																				
Purpose of Disbursement oth; state committee meeting expense Candidate Name	<table border="1"> <tr> <td colspan="10">39.09</td> </tr> </table>	39.09																			
39.09																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

921.86

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 / 52

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) Maine Employers Mutual Insurance Co.	Transaction ID: BA61AEBFA3CBB45528D8 Date of Disbursement																				
Mailing Address PO Box 11409	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	6		2	0	0	9												
City Portland State ME Zip Code 04104-7409	Amount of Each Disbursement this Period <table border="1"> <tr> <td>396.75</td> </tr> </table>	396.75																			
396.75																					
Purpose of Disbursement oth; workers comp insurance Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Labelvalue.com	Transaction ID: B6F37E393142A4643AC3 Date of Disbursement																				
Mailing Address 5452 W Crenshaw Street Ste. 4	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	8		2	0	0	9												
City Tampa State FL Zip Code 33634-3007	Amount of Each Disbursement this Period <table border="1"> <tr> <td>224.95</td> </tr> </table>	224.95																			
224.95																					
Purpose of Disbursement off; office supplies Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Central Maine Power	Transaction ID: B352A150A4AAA478A900 Date of Disbursement																				
Mailing Address 83 Edison Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	0	9												
City Augusta State ME Zip Code 04332-1084	Amount of Each Disbursement this Period <table border="1"> <tr> <td>73.75</td> </tr> </table>	73.75																			
73.75																					
Purpose of Disbursement oth; utilities-electricity Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td>695.45</td> </tr> </table>	695.45																			
695.45																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td></td> </tr> </table>																				

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 / 52

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) Joe Prevost	Transaction ID: B788EC91D4D26421FB9C Date of Disbursement
Mailing Address 375 East Bridge Street	<div> <div>MM / DD / YY</div> <div>06 / 23 / 2009</div> </div>
City Westbrook State ME Zip Code 04092-4534	Amount of Each Disbursement this Period
Purpose of Disbursement oth; mileage reimbursement Candidate Name	<div> <div>Amount</div> <div>121.00</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Ms. Cynthia Izon	Transaction ID: B3D79D84B90D446CF957 Date of Disbursement
Mailing Address PO Box 5	<div> <div>MM / DD / YY</div> <div>06 / 23 / 2009</div> </div>
City Harmony State ME Zip Code 04942-0005	Amount of Each Disbursement this Period
Purpose of Disbursement oth; mileage reimbursement Candidate Name	<div> <div>Amount</div> <div>475.61</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Fairpoint Communications	Transaction ID: B93E81CED5A704EFB956 Date of Disbursement
Mailing Address P. O. Box 1939	<div> <div>MM / DD / YY</div> <div>06 / 23 / 2009</div> </div>
City Portland State ME Zip Code 04104-5010	Amount of Each Disbursement this Period
Purpose of Disbursement oth; utilities-phone Candidate Name	<div> <div>Amount</div> <div>300.10</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

896.71

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 38 / 52

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) Mrs. Christie McNally	Transaction ID: BECC8C6EF8E77431B87F Date of Disbursement																				
Mailing Address 9 Thomas Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	4		2	0	0	9												
City Scarborough State ME Zip Code 04074-8614	Amount of Each Disbursement this Period																				
Purpose of Disbursement payroll Candidate Name	<table border="1"> <tr> <td colspan="10">1184.21</td> </tr> </table>	1184.21																			
1184.21																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Michelle Dale	Transaction ID: BB61A643D470743BEB1B Date of Disbursement																				
Mailing Address 409 Churchill Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	4		2	0	0	9												
City Augusta State ME Zip Code 04330-8213	Amount of Each Disbursement this Period																				
Purpose of Disbursement payroll Candidate Name	<table border="1"> <tr> <td colspan="10">686.72</td> </tr> </table>	686.72																			
686.72																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Tracy Patterson	Transaction ID: B3DBC315E11914513A96 Date of Disbursement																				
Mailing Address 3 Christopher Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	0	9												
City Falmouth State ME Zip Code 04105-2587	Amount of Each Disbursement this Period																				
Purpose of Disbursement oth; consulting on business plan Candidate Name	<table border="1"> <tr> <td colspan="10">225.00</td> </tr> </table>	225.00																			
225.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2095.93

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

A.

B.

C.

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 40 / 52

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Us Post Office - Augusta</p> <p>Mailing Address</p> <p>City: Augusta State: ME Zip Code: 04330</p> <p>Purpose of Disbursement oth; business reply mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B3986FADF77EA4968AE4</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 300.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Fls-dci</p> <p>Mailing Address 570 Ashbury Street Suite 201</p> <p>City: Saint Paul State: MN Zip Code: 55104-1850</p> <p>Purpose of Disbursement oth; anti tax prospecting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B525C407404E449DCA3D</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1755.45</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) City Of Augusta</p> <p>Mailing Address 16 Cony St.</p> <p>City: Augusta State: ME Zip Code: 04330-5200</p> <p>Purpose of Disbursement oth; state committee meeting room r</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BD036284CCAF94D609BA</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 169.41</p>

SUBTOTAL of Disbursements This Page (optional)

2224.86

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 41 / 52

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Southwest Publishing</p> <p>Mailing Address 2600 NW Topeka Blvd</p> <p>City Topeka State KS Zip Code 66617-1160</p> <p>Purpose of Disbursement mhs; direct mail expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B83AAF0DEA38C4EEEEAFA</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3011.26"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Great Works Internet</p> <p>Mailing Address 8 Pomerleau St</p> <p>City Biddeford State ME Zip Code 04005-9403</p> <p>Purpose of Disbursement oth; utilities, internet</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B9B5B75566A8841A985E</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="49.95"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Fls Connect</p> <p>Mailing Address 2401 W Behrend Dr Ste 7 Suite 7</p> <p>City Phoenix State AZ Zip Code 85027-4143</p> <p>Purpose of Disbursement mhs; donor file</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B54537F54C2194A41AAB</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="323.51"/></p>

SUBTOTAL of Disbursements This Page (optional)

3384.72

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 42 / 52

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) Augusta Florist	Transaction ID: B1A24712E91D345D8A1C Date of Disbursement																				
Mailing Address 118 Mt. Vernon Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	1		2	0	0	9												
City Augusta State ME Zip Code 04330	Amount of Each Disbursement this Period																				
Purpose of Disbursement oth; flowers for funeral Candidate Name	<table border="1"> <tr> <td>68.20</td> </tr> </table>	68.20																			
68.20																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Seacoast Security & Tele.	Transaction ID: B9427B376B5DB4289941 Date of Disbursement																				
Mailing Address PO Box A	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	2		2	0	0	9												
City West Rockport State ME Zip Code 04865-0701	Amount of Each Disbursement this Period																				
Purpose of Disbursement off; security, download fee Candidate Name	<table border="1"> <tr> <td>30.00</td> </tr> </table>	30.00																			
30.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Cit Technology Fin Serv, Inc.	Transaction ID: B5D4883E084924F9DBEA Date of Disbursement																				
Mailing Address P.O. Box 550599	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	6		2	0	0	9												
City Jacksonville State FL Zip Code 32255-0599	Amount of Each Disbursement this Period																				
Purpose of Disbursement off; office equipment rental Candidate Name	<table border="1"> <tr> <td>356.46</td> </tr> </table>	356.46																			
356.46																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

454.66

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 43 / 52

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) Cit Technology Fin Serv, Inc.	Transaction ID: B9139C03358BF4468A8B Date of Disbursement																				
Mailing Address P.O. Box 550599	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	3		2	0	0	9												
City Jacksonville State FL Zip Code 32255-0599 Purpose of Disbursement off; office equipment rental Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">356.46</td> </tr> </table>	356.46																			
356.46																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
B. Full Name (Last, First, Middle Initial) Ms. Cynthia Faulkner	Transaction ID: BEE2E5D29BDB544068B0 Date of Disbursement																				
Mailing Address 609 Chandlers Wharf	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	1		2	0	0	9												
City Portland State ME Zip Code 04101-4657 Purpose of Disbursement oth; consulting for special event Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">1333.29</td> </tr> </table>	1333.29																			
1333.29																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
C. Full Name (Last, First, Middle Initial) Gop Mail & Print	Transaction ID: B6970D186436E498DA7A Date of Disbursement																				
Mailing Address 95 Eddy Rd Ste 101 Suite 101	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	2		2	0	0	9												
City Manchester State NH Zip Code 03102-3258 Purpose of Disbursement oth; bumper stickers Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">765.29</td> </tr> </table>	765.29																			
765.29																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td colspan="10">2455.04</td> </tr> </table>	2455.04																			
2455.04																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 44 / 52

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) Bangor Letter Shop, Inc.	Transaction ID: BD4694ADB54204927ABD Date of Disbursement																				
Mailing Address 99 Washington Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	6		2	0	0	9												
City Bangor State ME Zip Code 04401-6518	Amount of Each Disbursement this Period																				
Purpose of Disbursement msh; bangor city postcards Candidate Name	<table border="1"> <tr> <td colspan="10">876.95</td> </tr> </table>	876.95																			
876.95																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Transco	Transaction ID: BF164C4AC970145EA9A8 Date of Disbursement																				
Mailing Address 10 Capitol Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	6		2	0	0	9												
City Nashua State NH Zip Code 03063-1007	Amount of Each Disbursement this Period																				
Purpose of Disbursement off; equipment maintenance Candidate Name	<table border="1"> <tr> <td colspan="10">686.88</td> </tr> </table>	686.88																			
686.88																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Accounting Solutions	Transaction ID: BAA03C14BF3034F6BB19 Date of Disbursement																				
Mailing Address 44 Main Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	7		2	0	0	9												
City Waterville State ME Zip Code 04901	Amount of Each Disbursement this Period																				
Purpose of Disbursement oth; accounting services Candidate Name	<table border="1"> <tr> <td colspan="10">300.00</td> </tr> </table>	300.00																			
300.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td colspan="10">1863.83</td> </tr> </table>	1863.83																			
1863.83																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 45 / 52

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A.

Full Name (Last, First, Middle Initial)
Fls Connect

Mailing Address 2401 W Behrend Dr Ste 7
Suite 7

City Phoenix State AZ Zip Code 85027-4143

Purpose of Disbursement
mhs; lapsed donors

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: BB217ED144E214DEB821
Date of Disbursement

04 / 08 / 2009

Amount of Each Disbursement this Period

1276.05

B.

Full Name (Last, First, Middle Initial)
Steve Brown Direct Mail, Inc.

Mailing Address 731 Divot Drive

City Fernley State NV Zip Code 89408

Purpose of Disbursement
mhs; direct mail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B0D318BF9D5934DD7931
Date of Disbursement

04 / 15 / 2009

Amount of Each Disbursement this Period

699.17

C.

Full Name (Last, First, Middle Initial)
Cit Technology Fin Serv, Inc.

Mailing Address P.O. Box 550599

City Jacksonville State FL Zip Code 32255-0599

Purpose of Disbursement
off; office equipment rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B593072656D1A4801B1C
Date of Disbursement

04 / 08 / 2009

Amount of Each Disbursement this Period

356.46

SUBTOTAL of Disbursements This Page (optional)

2331.68

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 46 / 52

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A.

Full Name (Last, First, Middle Initial)
Fls Connect

Mailing Address 2401 W Behrend Dr Ste 7
Suite 7

City Phoenix State AZ Zip Code 85027-4143

Purpose of Disbursement
mhs; rental list prospecting
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B275F5012F9914FF88D5
Date of Disbursement

/ /

Amount of Each Disbursement this Period

5600.05

B.

Full Name (Last, First, Middle Initial)
Nicholson & Associates C. P. A.

Mailing Address 76 Silver Street

City Waterville State ME Zip Code 04901-0831

Purpose of Disbursement
oth; accounting services
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: BC1CBD30CD9994E228FE
Date of Disbursement

/ /

Amount of Each Disbursement this Period

158.75

C.

Full Name (Last, First, Middle Initial)
Nicholson & Associates C. P. A.

Mailing Address 76 Silver Street

City Waterville State ME Zip Code 04901-0831

Purpose of Disbursement
oth; accounting services
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B40DFE07E67994349A7C
Date of Disbursement

/ /

Amount of Each Disbursement this Period

56.25

SUBTOTAL of Disbursements This Page (optional)

5815.05

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 47 / 52

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Gop Mail & Print</p> <p>Mailing Address 95 Eddy Rd Ste 101 Suite 101</p> <p>City Manchester State NH Zip Code 03102-3258</p> <p>Purpose of Disbursement oth; business cards - charlie webst</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B04D977B576A442E5BAC</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="104.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Gop Mail & Print</p> <p>Mailing Address 95 Eddy Rd Ste 101 Suite 101</p> <p>City Manchester State NH Zip Code 03102-3258</p> <p>Purpose of Disbursement oth; working people signs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BCF528F1737384AC6998</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Seacoast Security & Tele.</p> <p>Mailing Address PO Box A</p> <p>City West Rockport State ME Zip Code 04865-0701</p> <p>Purpose of Disbursement off; security</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B7B2C5AE9EC364E3F96F</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="114.00"/></p>
<p>SUBTOTAL of Disbursements This Page (optional) ► <input type="text" value="318.00"/></p>	
<p>TOTAL This Period (last page this line number only) ► <input type="text"/></p>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 48 / 52

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Maine Republican Party

A.

Full Name (Last, First, Middle Initial)

Nicholson & Associates C. P. A.

Mailing Address 76 Silver Street

City
Waterville

State
ME

Zip Code
04901-0831

Purpose of Disbursement
oth; accounting services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: BC8FA15FD976640F2A16

Date of Disbursement

/ /

Amount of Each Disbursement this Period

125.00

SUBTOTAL of Disbursements This Page (optional)

125.00

TOTAL This Period (last page this line number only)

44767.87

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 / 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party**A.**Full Name (Last, First, Middle Initial)
Sprint

Mailing Address P. O. Box 8077

City London State KY Zip Code 40742

Purpose of Disbursement
oth; utilities - phone

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B3F45CF5DB9294A7A84D

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	9

Amount of Each Disbursement this Period

2474.87

B.Full Name (Last, First, Middle Initial)
Central Maine Septic

Mailing Address 109 Waterville Road

City Skowhegan State ME Zip Code 04976

Purpose of Disbursement
oth; portable toilets, todd palin e

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B9DF4FFB229BB465293B

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	0	9

Amount of Each Disbursement this Period

333.00

SUBTOTAL of Disbursements This Page (optional)

2807.87

TOTAL This Period (last page this line number only)

2807.87

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 50 / 52

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Maine Republican Party**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Fls ConnectNature of Debt (Purpose):
Telemarketing ExpenseMailing Address 2401 W Behrend Dr Ste 7
Suite 7City State ZIP Code
Phoenix AZ 85027-4143

Outstanding Balance Beginning This Period

3057.10

Transaction ID: DFDDD5CC0838945F7A1E

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3057.10

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
StaplesNature of Debt (Purpose):
Office Supplies

Mailing Address I-95 & Civic Center Blvd.

City State ZIP Code
Augusta ME 04330

Outstanding Balance Beginning This Period

146.49

Transaction ID: D5E3A29C90749483EAA3

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

146.49

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
City Of AugustaNature of Debt (Purpose):
Rental for State Conventi-
on

Mailing Address 16 Cony St

City State ZIP Code
Augusta ME 04330-5200

Outstanding Balance Beginning This Period

2905.54

Transaction ID: DB7B6ADA99ECD4A40B60

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2905.54

1) **SUBTOTALS** This Period This Page (optional).....

6109.13

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 51 / 52

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Albison's Printing

Nature of Debt (Purpose):
Printing for Chairman's
Reception

Mailing Address 124 Riverside Dr

City State ZIP Code
Augusta ME 04330-4384

Outstanding Balance Beginning This Period

103.75

Transaction ID: DAFA5CBE895E14EA7A0E

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

103.75

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Time Warner Cable

Nature of Debt (Purpose):
Utilities - cable

Mailing Address PO Box 9148

City State ZIP Code
Chelsea MA 02150-9148

Outstanding Balance Beginning This Period

59.43

Transaction ID: D97D8F24AFC6C4E24AF4

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

59.43

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Fls Connect

Nature of Debt (Purpose):
Telemarketing
Mailing Address 2401 W Behrend Dr Ste 7
Suite 7
City State ZIP Code
Phoenix AZ 85027-4143

Outstanding Balance Beginning This Period

4314.60

Transaction ID: DA5C99392E287438AB68

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4314.60

1) **SUBTOTALS** This Period This Page (optional).....

4477.78

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 52 / 52

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Southwest Publishing

Nature of Debt (Purpose):
Printing and Mailing

Mailing Address 2600 NW Topeka Blvd

City	State	ZIP Code
Topeka	KS	66617-1160

Outstanding Balance Beginning This Period

2682.50

Transaction ID: DC72DEE682FCC4C6B9EB

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2682.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Unicel

Nature of Debt (Purpose):
Telephone

Mailing Address PO Box 2000

City	State	ZIP Code
Alexandria	MN	56308-2000

Outstanding Balance Beginning This Period

46.70

Transaction ID: D28492F01FE054D1B8E0

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

46.70

1) **SUBTOTALS** This Period This Page (optional).....

2729.20

2) **TOTALS** This Period (last page this line number only).....

13316.11

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

13316.11